

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>						<small>SERIAL NO.</small> <div style="font-size: 1.2em; font-family: cursive;">10/028946</div>	<small>FILING DATE</small>						
						CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND DEP		* IND DEP		* IND DEP	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
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49							99						
50							100						
TOTAL IND	0	1	1	1	1	1	TOTAL IND	1	1	1	1	1	1
TOTAL DEP	0	0	0	0	0	0	TOTAL DEP	0	0	0	0	0	0
TOTAL CLAIMS	0	1	1	1	1	1	TOTAL CLAIMS	1	1	1	1	1	1

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

PTO-1360

DEPARTMENT OF COMMERCE
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